



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 05 2016

Ms. Patti Gray, RN, Administrator/Director of Health and Wellness
Simpson Meadows
101 Plaza Drive
Downingtown, Pennsylvania 19335

RE: Simpson Meadows
License #: 141180

Dear Ms. Gray:

As a result of the Department of Human Services' annual licensing inspections on January 11, 2016 and January 12, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
Licensing Inspection Summary

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

| | | |
|---|---|----------------------------------|
| PCH Name: Simpson Meadows | | License Number: 141180 |
| Address: 101 Plaza Drive Downingtown, Pennsylvania 19335 | | County: Chester |
| Administrator: Patti Gray | | |
| Legal Entity Name: Same | | |
| Legal Entity Address: Same | | |
| Certificate(s) of Occupancy: C2, LP (L&I) 12/17/99 | | |
| Type of Inspection: Full | | |
| Reason(s) for inspection(s): Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site: January 11-12, 2016 Doug Hoover | | |
| Off-Site Inspection Dates and Inspectors, if Applicable: NA | | |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 81 Number of Residents Served: 50 Secured Dementia Care Unit in Home: Yes Area: McKendree Gardens Secured Unit Capacity, if Applicable: 18 Number of Residents Served in Secured Dementia Care Unit, if applicable: 15 Number of Current Hospice Residents: 11 Number of Hospice Residents in past year: 26 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 26 Have a Physical Disability: 1 | |

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CENTRAL REGION FIELD OFFICE
Human Services Licensing

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation

2800.162c - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the residence.

Violation

There were no menus posted in the special care unit on 1/12/16.

Plan of Correction

| Steps to be taken to resolve the violation | Position responsible | Target Date for completion |
|---|-------------------------------|----------------------------|
| Menus will be posted for the following month by the 15 th of each month. | Utility worker/executive chef | 3/08/16 |

Printed Name and Title of Legal Entity Representative (Required on all pages)

Kathleen Afkhami - Ardmore, MSW, NHA, Executive Director, Assisted Living Administrator

Signature of Legal Entity Representative (Required on all pages)

Kathleen Afkhami - Ardmore, MSW, NHA,

Date: 3/9/16

DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-5-16
(Date)

Plan of correction implementation status as of 4-5-16 :
(Date)

The above plan of correction was approved by KA
(Initials)

- Fully Implemented
- Partially Implemented – Adequate Progress
- Partially Implemented – Inadequate Progress
- Not Implemented

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation

2800.187d – The residence shall follow the directions of the prescriber.

Violation

Resident #1 did not receive the following medications at prescribed times because the residence did not have the medications on hand:

- Diltizem, 90 mg. tab – 1/7/16 at 12:00 am, 6:00 am and 12:00 pm;*
- Atorvastin, 20 mg. tab – 1/7/16 & 1/8/16 at 9:00 am;*
- Furosemide, 20 mg. tab – 1/7/16 & 1/8/16 at 9:00 am.*

Plan of Correction

| Steps to be taken to resolve the violation | Position responsible | Target date for completion |
|---|----------------------|----------------------------|
| Weekly audits will be conducted to ensure all medications that need to be reordered have been reordered. | nursing | 3/31/16 ongoing |
| Medications that are able to be put on automatic refill will be changed over to automatic refill. | nursing | 3/31/16 ongoing |
| Med Techs will receive a skills reassessment and will be monitored quarterly for the successful completion of annual practicum. | nursing | 4/15/16 |

Printed Name and Title of Legal Entity Representative (Required on all pages)

Kathleen Arkhami - Ardekani, MSW, NHA, Executive Director, Assisted Living Administration

Signature of Legal Entity Representative (Required on all pages)

Kathleen Arkhami - Ardekani

Date

3/19/16

DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-5-16
(Date)

Plan of correction implementation status as of 4-5-16
(Date)

The above plan of correction was approved by KA
(Initials)

- Fully Implemented
- Partially Implemented – Adequate Progress
- Partially Implemented – Inadequate Progress
- Not Implemented

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation
 2800.234(a)(1) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the special care unit, a support plan shall be developed, implemented and documented in each resident's record.

Violation
 Resident #2 was admitted to the special care unit on 10/19/15. The support plan was not signed by the residence and participants until 11/16/15.

Plan of Correction

| Steps to be taken to resolve the violation | Position responsible | Target date for completion |
|--|----------------------|----------------------------|
| All support plans will be reviewed to ensure compliance. | nursing | 3/16/16 and ongoing |
| All support plans will be developed, implemented, and documented within 72 hours of admission or 72 hours prior to admission to the special care unit. | Nursing | 3/8/16 and ongoing |

Printed Name and Title of Legal Entity Representative (Required on all pages)
 Kathleen Afkhami-Ardakan, MSW NHA, Executive Director, Assisted Living Administration

Signature of Legal Entity Representative (Required on all pages)
 Kathleen Afkhami-Ardakan

Date
 3/9/16

DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!

| | |
|--|---|
| The above plan of correction is approved as of <u>4-5-16</u> (Date) | Plan of correction implementation status as of <u>4-5-16</u> (Date) |
| The above plan of correction was approved by <u>EE</u> (Initials) | <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented |